



## LHSA Student Recommendation Form

### **Instructions for a Recent Teacher or School Administrator**

Please complete and return this form to the LHSA office by email ([sirwin@lhsa.com](mailto:sirwin@lhsa.com)) Attn: Sandy Irwin.

**If possible, please submit this within two weeks of receipt. THIS FORM IS CONFIDENTIAL.**

Name of student: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

| <b>Student Applicant and Parent(s)/Guardian(s)</b>                     |  |                                    |                                    |                                    |
|--|--|------------------------------------|------------------------------------|------------------------------------|
| <b>How long have you known the student?</b>                            | <input type="checkbox"/> 0-1 year                            | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 2-5 years | <input type="checkbox"/> 5+ years  |
| <b>Has this student been sent to the school office for discipline?</b> | <input type="checkbox"/> Often <i>(please explain below)</i> |                                    | <input type="checkbox"/> Seldom    | <input type="checkbox"/> Never     |
| <b>Has this student been suspended?</b>                                | <input type="checkbox"/> Yes <i>(please explain below)</i>   |                                    |                                    | <input type="checkbox"/> No        |
| <b>Has this student been expelled or asked to withdraw?</b>            | <input type="checkbox"/> Yes <i>(please explain below)</i>   |                                    |                                    | <input type="checkbox"/> No        |
| <b>Student attendance</b>  | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |
| <b>Student academic achievement</b>                                    | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |
| <b>Student classroom conduct</b>                                       | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |
| <b>Student cooperation with school staff</b>                           | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |
| <b>Parent(s) participation in school community</b>                     | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |
| <b>Parent(s) academic support of student</b>                           | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |
| <b>Parent(s) support of school staff</b>                               | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Average   | <input type="checkbox"/> Good      | <input type="checkbox"/> Excellent |

Does the student have an IEP, 504, or an accommodation plan? \_\_\_\_\_

Are there any student academic, behavioral, or social challenges that we should know about? \_\_\_\_\_

*If more space is necessary, please attach a separate note.*

**Recommended Math Placement (Incoming 9<sup>th</sup> grade only):**    Elementary Algebra    Algebra 1    Geometry

|   |   |   |                                    |   |
|---|---|---|------------------------------------|---|
| Overall, I  | <input type="checkbox"/> Do not recommend | <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Recommend | <input type="checkbox"/> Recommend enthusiastically |
| <b>Would you like to be contacted to specifically discuss this student?</b> | <input type="checkbox"/> Yes              |   | <input type="checkbox"/> No        |   |

Teacher's or Administrator's Signature

Date